

# Miami County Health Department

## Death Certificate Request

Name at Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Name at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mail to: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zipcode

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

Enclose a photocopy of your drivers' license and a money order for \$15.00 per certificate made payable to the Board of Health and send along with this completed form to:

Miami County Health Department  
Attn: Registrar  
35 Court Street  
Peru, Indiana 46970

In order to process your request, this form must be filled out completely and a copy of your driver's license must be enclosed.